

Dental Assistant GSLDS Application for Employment

Full Time Part Time



Name _____ Street Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ E-Mail Address _____

EMPLOYMENT HISTORY

Employer Name/Address	Position/Title	Wages	Dates Employed	Reason for Leaving

If applicable, may we contact your current employer? Yes No Resume Attached: Yes No

Years of Experience :

_____ G.P. _____ Endo _____ O.S. _____ Ortho _____ Pediatric _____ Perio _____ Prosthodontics

Date available for employment: _____ Salary Range Expected: _____

EDUCATION

School/College/University	Years Attended	Graduation Year/Degree

Experienced in: (check all that apply)

- Taking X-Rays Process X-Rays Lab Work Treatment Planning Recalls
 Collections Insurance Accounting Appt. Scheduling Sterilization

Computer Skills : _____

Other: _____

Signature _____ Date _____